



Parmer
COUNTY
TEXAS

PO BOX 356
FARWELL, TX 79325
806-481-3691

MAIL IN APPLICATION FOR BIRTH OR DEATH TO COUNTY CLERK

Birth Certificate

COST \$23.00 each
of copies _____

Death Certificate

COST \$21.00 one/ \$4.00 additional
of copies _____

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

APPLICANT INFORMATION (Part II)

Applicant Name	Telephone #	Email Address
Full Mailing Address	Street Address	State Zip
Relationship to person listed above	Purpose for obtaining this record:	
<input type="radio"/> I authorize mailing to the address below. I have verified that the address below will receive my order.		
Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	Zip

AFFIDAVIT OF, PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant name)

now residing at _____ (Address) (City) (State)

who is related to the person named on Part I am _____ and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)

The applicant presented the following type of identification: _____

Applicant signature _____ Sworn to and subscribed before me, this _____ day of _____, 20____

(SEAL) Signature of Notary Public and Notary ID Number _____

Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

City, state, Zip: _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS APPLICATION, PAYMENT, AND A COPY OF YOUR VALID PHOTO ID TO:
Parmer County Clerk, PO Box 356, Farwell, •rx 79325